

TULARE COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION  
5957 SOUTH MOONEY BLVD., VISALIA, CA 93277  
PHONE (559) 624-7400 FAX (559) 733-6932

WP \_\_\_\_\_

Permit No \_\_\_\_\_

**WELL PERMIT APPLICATION**

Legal Property Owner \_\_\_\_\_ Phone No \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Address City State/Zip Code

Well Location \_\_\_\_\_  
Address City State/Zip Code

Assessor's Parcel Number \_\_\_\_\_ Township-Range-Section \_\_\_\_\_

Parcel Size \_\_\_\_\_ Acre(s) Drilling Area: Valley ☐ Foothills or Mountains ☐ Project Start Date \_\_\_\_\_

**LICENSED CONTRACTOR DECLARATION**

Licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code (B. & P.C.), as a well drilling contractor and such license is in full force and effect.

\_\_\_\_\_ Print Name of Driller \_\_\_\_\_ Signature of Driller \_\_\_\_\_ Date \_\_\_\_\_

Business Name \_\_\_\_\_

License Classification & License No \_\_\_\_\_ Office No \_\_\_\_\_ Cell No \_\_\_\_\_

Address \_\_\_\_\_  
Include City, State, and Zip

**TYPE OF WORK**

Drilling ☐ Cable Tool ☐  
Recondition ☐ Rotary ☐  
Deepen ☐ Reverse Rotary ☐  
Destruction ☐ Air Rotary ☐  
Inactivation ☐ Other \_\_\_\_\_  
Check Here if Existing Well Went Dry ☐

**DRILLING METHOD**

**TYPE OF WELL**

Private ☐ Soil Boring ☐  
Public Domestic ☐ Cathodic Protection ☐  
Irrigation ☐ Dairy Supply ☐  
Industrial ☐ Other \_\_\_\_\_  
Monitoring: ☐  
(Circle One) Site Investigation – Dairy – LOP- Water

**CASING INFORMATION**

Casing Material: Steel ☐ PVC ☐  
Diameter \_\_\_\_\_ Gauge \_\_\_\_\_ Thickness in inches \_\_\_\_\_  
Perforations: Yes ☐ No ☐  
Slot Size \_\_\_\_\_ in  
Perforation Depths \_\_\_\_\_ ft

**WELL CONSTRUCTION**

Proposed Depth of Well \_\_\_\_\_ ft  
Gravel Packed: Yes ☐ No ☐  
Depth of Annular Seal \_\_\_\_\_ ft  
**SEAL MATERIAL** **SEAL METHOD**  
Bentonite ☐ Freefall/Pour ☐  
Cement Grout ☐ Pressure Grout ☐  
Neat Cement ☐ Tremie Pipe ☐  
Other \_\_\_\_\_

Permit Issued On: \_\_\_\_\_  
\_\_\_\_\_ Reviewed in GIS  
\_\_\_\_\_ Entered Well Permit Application  
\_\_\_\_\_ Entered Well Completion Report  
\_\_\_\_\_ Entered Results & Lat/Long Data

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## Initial Paragraphs 1 & 2

\_\_\_\_\_ 1. I hereby agree to comply with all regulations of Tulare County pertaining to well construction, recondition, deepening, and destruction. Within 30 days of work completed, I will furnish Tulare County Environmental Health Services Division a completed well log for well construction, recondition, deepening, and destruction.

\_\_\_\_\_ 2. I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct, and complete. I agree to comply with all county ordinances and state laws relating to building, development, and construction.

WHEN SIGNED BY TULARE COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION REPRESENTATIVE, this application shall be deemed a permit for the work described. THIS PERMIT SHALL EXPIRE upon completion of the job authorized; in any event shall expire 6 MONTHS from date of issuance. No changes from the approved plan are permitted without prior approval from this Division.

NOTICE: After permit approval an inspection must be scheduled at least 48 hours in advance at (559) 624-7400 for:

1. The sealing of the annular space on a public domestic well (2 or more connections – 50 ft seal); dairy supply or industrial well (50 ft seal).
2. The destruction of all wells.
3. Any other operation stipulated on the permit by the county to deal with special or unusual conditions.

**NOTE TO HOMEOWNERS: Contact Tulare County Environmental Health when private well construction and disinfection are complete and water samples can be obtained.**

### ENVIRONMENTAL HEALTH SERVICES DIVISION USE ONLY

Fee Amount \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Rec'd By \_\_\_\_\_ Check \_\_\_\_\_ Receipt No \_\_\_\_\_

Date \_\_\_\_\_ Environmental Health Representative \_\_\_\_\_

Circled Letters and/or Written Conditions/Comments must be followed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A. Submit a Well Completion Report (WCR) to our office NLT 30 days after either a well has been drilled, deepened, or destroyed.
- B. Contact our office at least 48 hours in advance to schedule a date and time for a well destruction or a well seal. Inspections are available Monday – Thursday between the hours of 0700-5:30
- C. Construct or destroy cathodic protection and monitoring wells according to PB 74-90.
- D. A Well Permit Application must be completed to destroy old well.
- E. Submit any outstanding Well Completion Reports (WCR).

**WELL PERMIT APPLICATION  
MAP SITE ATTACHMENT**

Legal Property Owner \_\_\_\_\_

Contractor \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_ Township-Range-Section \_\_\_\_\_

Minimum setback requirements when choosing a well site location:

Front property line	25ft	Storm drain	50ft
Other property line	5ft	Seepage pit	150ft
Septic tank	100ft	Animal or fowl enclosure	100ft
Leach line or disposal field	100ft	Existing well	50ft
Sewer line	50ft		

Setback requirements may be increased by Tulare County if danger of pollution, contamination or other adverse conditions are known to be present.

**SEE BACK TO DRAW MAP**

Please include the following information in the map box provided on the back:

- ☐ Major cross-streets, roads or avenues associated with property
- ☐ Structures on property
- ☐ Location of new well and location of any existing well(s)
- ☐ Setback requirements
- ☐ Location of all nearby septic systems including leach lines and seepage pits

**THIS MAP SITE ATTACHMENT MUST BE SUBMITTED WITH ALL WELL PERMIT APPLICATIONS. NOT COMPLETING THIS FORM WILL DELAY THE REVIEW PROCESS. THANK YOU.**

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